

## INSTRUCTIONS FOR FORM 3400-49 (rev-12/99)

This form is for reporting sludge/waste characteristic data as required by the WPDES permit issued to your facility, and chapters NR 204 or 214, Wis. Adm. Code. You should have received all reports required for the entire calendar year. If you have multiple municipal sludge outfalls, you should have separate forms for each (**Also please see special instructions at the end of this document**). If you analyze more frequently than required, please make a photocopy of the form for the reporting period in which you did the extra analysis and simply enter the correct date the sample was taken for each constituent (column 4), and submit all forms. If the sample is a resample and/or a split sample where multiple labs are used and the sample date would be the same; enter that information in the appropriate columns and make note of what you are doing in the comment section. Forms must be postmarked no later than January 31, following the year in which analyses were performed. Any limit exceedance must be reported to the department within 24 hours of discovery. **Lab sheets must accompany the forms for Municipal Sludge unless approval has been obtained not to submit them.**

If any information in the upper right-hand section is in error, please contact your local DNR field representative.

Make sure you fill the form out for the appropriate reporting period, which appears in the upper left-hand section of the form. If you do more analyses than required in a reporting period please submit all data on duplicate forms. **Note that forms cannot be copied for other reporting periods. The DOC ID number in the upper right portion of the form is unique for each reporting period. Therefore, a copy cannot be made from one report period to another.** Contact your local DNR representative if you need a new copy of a form.

### HEADER

1. Indicate whether sludge/waste was land applied in the reporting period.
2. If Municipal sludge was land applied in the report period, indicate whether Class A or B pathogens were satisfied. Do this by entering A or B on the blank and either Yes or No (Y/N) on the appropriate blank.
3. If Municipal sludge was land applied in the report period, indicate by entering either a Yes or No (Y/N) on the appropriate blank, whether vector control requirements were satisfied.

### PART A

Parameter number, parameter name, sample point (formerly called outfall) number, sample type, and units should be preprinted according to your permit requirements. Limits (ceiling or other) and high quality limits (which only pertain to municipal sludge) are also preprinted on the form. **If you analyze additional parameters which do not appear on the form, please hand print or type the information into the appropriate columns. However, please call your sludge specialist to determine the correct parameter number - THIS IS MANDATORY INFORMATION.**

Please indicate the date each sample was taken, the analytical result (Make sure the units of the lab result match the units preprinted on the form. If they do not - call the lab and have them either convert for you or explain how to do the conversion. It is also imperative that the lab provide you with an LOD, if the analysis produced a "no detect" result. You must report < (less than) a number (the LOD) in this column. You cannot enter letters such as "ND" or "LOD", but rather the symbol (<) and the actual LOD (0.23), for instance. If the lab cannot help with this, call your DNR sludge specialist.), and the lab certification number. If you analyze for PCBs or other organics, please also indicate the date the analysis was performed. If all the information in a column is the same (i.e., the same sample collection date or lab cert number), you may simply draw an arrow down the column to indicate this. Again, if the analytical result

for any parameter is less than the detection limit, indicate this with the less-than sign (<) and an actual number.

Please give a brief description of where the sample was taken **for each sample point (formerly outfall number)** (e.g. outlet pipe from storage tank, outlet pipe from digester, filter press outlet conveyor, etc.).

Please indicate any additional necessary information in the comment section (i.e., this sample was a replicate which was split between two labs to confirm or negate earlier result, etc.).

## **PART B - MUNICIPAL SLUDGE ONLY**

Indicate whether Class A or Class B pathogen control is achieved, by checking the appropriate box.

If Class A is achieved, indicate the density of either fecal coliform or salmonella, as appropriate. Enter either the date or the range of dates the samples were taken, as appropriate. This must be satisfied both at the time of the process and also when the sludge is used or distributed. If both analyses are done in this reporting period, please copy the form and submit both with an explanation to this effect. Also include the type of treatment process which is used to achieve Class A treatment, with a brief description of the process and operating parameters (e.g. heat liquid sludge to a temperature of 190 C for 35 minutes, verified by computer connected continuous temperature monitoring).

If Class B is achieved, indicate which option is utilized. If fecal coliform density is the option used, please indicate the coliform density as a geometric mean of at least 7 discrete samples and the range of dates the samples were taken (this should be less than 3 weeks). Indicate the units as appropriate for the analytical method as either MPN or CFU per gram of total solids. If a treatment process option is used, indicate which one and give a brief description of the operating parameters (e.g. anaerobic digestion with a MCRT of 35 days at 38 C, as verified by rolling 30 day average solids balance and twice daily temperature readings). **Note: do not check a process option only because you may have aerobic digestion, etc. Only indicate the option you use to satisfy the pathogen control requirements. If fecal coliform is used, you need not check any other box. If you do use a process control, then indicate the description as requested above.**

## **PART C - MUNICIPAL SLUDGE ONLY**

Indicate which option is utilized for vector attraction reduction. Please include analytical results where appropriate. You may indicate multiple methods on the same form, but if you perform multiple tests, copy the form and enter the analytical information for each test on a separate form.

## **MULTIPLE MUNICIPAL SLUDGE OUTFALL SPECIAL INSTRUCTIONS**

If you have different treatment processes, which produce different sludge types, analyze each sample point (outfall) for Lists 1, 2, 3, & 4, independently.

If you land apply both liquid and cake sludge, but the only difference in the treatment is the dewatering process, then separate analyses for the nutrients (List 2) are required. Therefore 2 sample point (outfall) numbers have been assigned; one for the liquid and the other for the cake sludge. In this case it is not necessary to conduct analyses for List 1, 3, & 4 for both sample points. It is necessary, however, to copy the test results on both forms and note which sludge was actually analyzed.